

51A602 (4-12)

Commonwealth of Kentucky  
DEPARTMENT OF REVENUE

## EXPENDITURE REPORT FOR BUILDING MATERIALS DISASTER RELIEF REFUNDS

1. Include only one Contractor/Sub-contractor (Purchaser) per page.
2. Please total costs by Vendor.
3. Provide copies of invoices from each Vendor as samples.

Disaster Area County \_\_\_\_\_

Construction \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Name of Legal Building Owner: \_\_\_\_\_

Contractor/Sub-Contractor Name: \_\_\_\_\_

Contractor/Sub-Contractor SU Tax Account # (if applicable): \_\_\_\_\_

| 1           | 2         | 3               | 4                   | 5   | 6          | 7              | 8               |
|-------------|-----------|-----------------|---------------------|---|------------|----------------|-----------------|
| Vendor Name | Invoice # | Date of Invoice | Period Tax Reported | General description of building materials purchased | Total Cost | KY SU Tax Paid | Total by Vendor |
|             |           |                 |                     |   |            |                |                 |
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